

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number <b>11 694 321</b>		Filing Date	
						Applicant(s)			
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
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